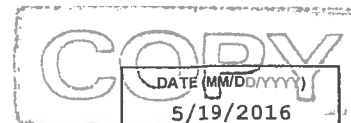




# CERTIFICATE OF LIABILITY INSURANCE



THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Patriot Insurance Agency, Inc. PO Box 1298  Sonoita AZ 85637-1298		<b>CONTACT NAME:</b> Erika Hill <b>PHONE (A/C, No, Ext):</b> (520) 455-9252 <b>FAX (A/C, No):</b> (520) 455-9358 <b>E-MAIL ADDRESS:</b> ehill@patriot-insurance.com	
<b>INSURED</b> Caring to Love Ministries 3813 N Flannery Road  Baton Rouge LA 70814		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Spirit Mountain Ins Co RRG Inc INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		<b>NAIC #</b> 10754	

**COVERAGES** **CERTIFICATE NUMBER:** PKG 15/16 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			SMIC-LPP2015-NOC005	7/1/2015	7/1/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
	<input checked="" type="checkbox"/> PROF. LIAB. INCLUDED		MED EXP (Any one person) \$ 0				
	<input checked="" type="checkbox"/> DED: \$2500		PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 1,000,000
	OTHER:			RETRODATE: 9/3/2004			Professional Liability \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED	RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>PHYSICAL AND SEXUAL ABUSE</b>			SMIC-LPP2015-NOC005	7/1/2015	7/1/2016	PER OCCUR: \$100,000
				DED: \$2500			GEN AGGR: \$300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
24th Annual Golf Tournament held on 5/23/2016

## CERTIFICATE HOLDER

Caring to Love Ministries  
3813 N Flannery Road  
Baton Rouge, LA 70814

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Erika Hill/JDS

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## COMMENTS/REMARKS

This Certificate of Insurance is based on policy coverage issued by Spirit Mountain Insurance Company Risk Retention Group, Inc., to all members of the International Association of Community Services Organizations. Spirit Mountain Insurance Company Risk Retention Group may not be subject to all the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for Spirit Mountain Insurance Company Risk Retention Group

OFREMARK

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# CERTIFICATE OF LIABILITY INSURANCE

**COPY**  
DATE (MM/DD/YYYY)  
2/25/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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<b>PRODUCER</b> Patriot Insurance Agency, Inc. PO Box 1298  Sonoita AZ 85637-1298		<b>CONTACT</b> NAME: Erika Hill PHONE (A/C, No, Ext): (520) 455-9252 E-MAIL: ehill@patriot-insurance.com ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: Spirit Mountain Ins Co RRG Inc INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:  NAIC # 10754	
<b>INSURED</b> Caring to Love Ministries 3813 N Flannery Road  Baton Rouge LA 70814			

## COVERAGES

CERTIFICATE NUMBER: CLINIC 16/17

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:  <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS  <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$  <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A  <b>A PROFESSIONAL MEDICAL MALPRACTICE</b>  CPL2016-NOC005 RETRODATE: 01/01/2002  1/1/2016 1/1/2017  LIMIT: \$1,000,000 DED: \$2500						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Dr. Thomas Wayne Sparks is included.

## CERTIFICATE HOLDER

## CANCELLATION

INSURED'S COPY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Erika Hill/JDS

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## COMMENTS/REMARKS

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NOTICE:

THIS CERTIFICATE OF INSURANCE IS BASED ON POLICY COVERAGE ISSUED BY SPIRIT MOUNTAIN INSURANCE COMPANY RISK RETENTION GROUP, INC., TO ALL MEMBERS OF THE INTERNATIONAL ASSOCIATION OF THE COMMUNITY SERVICES ORGANIZATIONS. SPIRIT MOUNTAIN INSURANCE COMPANY RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE INSOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR SPIRIT MOUNTAIN INSURANCE COMPANY RISK RETENTION GROUP

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NOTE: THIS IS A CLAIMS MADE POLICY, PLEASE READ IT CAREFULLY

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NON-PROFIT SERVICE ORGANIZATION  
CERTIFICATE OF INSURANCE



COVERAGE DECLARATIONS FOR NONPROFIT DIRECTORS' AND OFFICERS' LIABILITY

NonProfit Directors' and Officers'  
Liability Insurance

Policy Number: NOA1308312  
Annual Premium: 1,527.00 1st **POLICY YEAR**  
.00 2nd **POLICY YEAR**  
.00 3rd **POLICY YEAR**

Item A. Name of insured ENTITY: Caring to Love Ministries  
C/O  
Street Address: 3813 N. Flannery Road  
City, State, Zip Code: Baton Rouge LA 70814

Item B. **POLICY PERIOD:**  
(12:01 a.m. local time at the ENTITY's principal address) From 4/20/2016 To 4/20/2017  
(month, day, year) (month day, year)

Item C. Limits of Liability:

(i) Aggregate each **POLICY YEAR:** \$2,000,000

Item D. Deductible (also known as retention):

(i) **EMPLOYMENT PRACTICES CLAIM:** \$5,000 Each and every **CLAIM**  
(ii) Other than **EMPLOYMENT PRACTICES CLAIM:** \$5,000 Each and every **CLAIM**

Item E. Prior or Pending Litigation Date: 4/20/2004  
(The Prior or Pending Litigation Date excludes coverage for all past and present litigation or known potential claims)

Item F. Retroactive Date: None  
(If retroactive date is none full prior acts coverage will be provided subject to the Prior or Pending Litigation Date and the Terms and Conditions of the policy)

Form Numbers of Coverage Parts, Forms and Endorsements that are a part of this policy and that are not listed in the Coverage Parts:  
NP00H001000803 NP00H022010306 NP00H028010306 NP00H03300 NP00H033000803 NP00H043001203  
NP00H072000204 NP00H083000504 NP00H087000504 NP00H088000504 NP00H090000306 NP00H091000306 NP00H09500

Program Administrator: Aon Association Services  
a Division of Affinity Insurance Services, Inc.  
159 East County Line Rd  
Hatboro, PA 19040  
1-800-432-7465

Mailing Address: Aon Association Services  
a Division of Affinity Insurance Services, Inc.  
1120 20th Street, N.W.  
Washington, D.C 20036

Special Program: **The United Way of America Endorsed D&O Program**

Insurance Provided by:  
Twin City Fire Insurance Co  
Hartford Plaza  
Hartford, Connecticut 06115

A Member of THE HARTFORD



OZARK SOUTH CENTRAL  
PO BOX 420  
BAKER, LA 70704



Named insured

CARING TO LOVE MINISTRIES  
CARE PREGNANCY CENTER  
3813 N FLANNERY RD  
BATON ROUGE, LA 70814

**Policy number: 04316248-9**

Underwritten by:  
Progressive Paloverde Insurance Co  
July 26, 2016  
Policy Period: Feb 24, 2016 - Aug 24, 2016  
Page 1 of 2

**progressiveagent.com**

**Online Service**

Make payments, check billing activity, print policy documents, or check the status of a claim.

**1-225-775-7614**

**OZARK SOUTH CENTRAL**

Contact your agent for personalized service.

**1-800-444-4487**

For customer service if your agent is unavailable or to report a claim.

## Commercial Auto Insurance Coverage Summary

### This is your Declarations Page

### Your coverage has changed

Your coverage began on February 24, 2016 at 12:01 a.m. This policy expires on August 24, 2016 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852LA (06/11), 4757LA (01/05), 1198 (01/04), 4852LA (05/08), 4881LA (06/11) and Z228 (01/11).

The named insured organization type is a corporation.

Progressive Paloverde Insurance Co is a stock company (NYSE:PGR).

#### Policy changes effective July 25, 2016

Premium change:	\$0.00
Changes:	The driver information has changed.

The changes shown above will not be effective prior to the time the changes were requested.

#### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$367
Bodily Injury and Property Damage Liability	\$300,000 combined single limit		
Uninsured/Underinsured Motorist	\$300,000 combined single limit		182
Uninsured Motorist Property Damage	Rejected		--
Medical Payments	\$5,000 each person		20
Comprehensive			44
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			52
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$665</b>
Fees			15
<b>Total 6 month policy premium and fees</b>			<b>\$680</b>



## Rated drivers

1. DOROTHY WALLIS
2. DONALD WALLIS
3. VERA CROWDER
4. CYNTHIA LOWMAN
5. MARCIA OLIVER

## Auto coverage schedule

1. **2005 Toyota Sienna** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
 VIN: 5TDZA23C35S349339 Garaging Zip Code: 70814 Radius: 50

Liability Premium	Liability \$367	UM/UIM BI \$182	Med Pay \$20		
Physical Damage Premium	Comp Deductible \$100	Comp Premium \$44	Collision Deductible \$250	Collision Premium \$52	Auto Total <b>\$665</b>

## Premium discounts

Policy  
 04316248-9 Business Experience, Paid In Full and Package

## Additional Insured information

1. Additional Insured FLORIDA RV RENTALS  
 5838 RICKER RD JACKSONVILLE, FL 32244

## Company officers

*MR [Signature]*

Secretary

